| •                                                                                                           |                                                |                                 |                 |              |                            |                  |          | Application or Docket Number |                                                  |        |                |                        |  |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------|-----------------|--------------|----------------------------|------------------|----------|------------------------------|--------------------------------------------------|--------|----------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  5 6 1 C                             |                                                |                                 |                 |              |                            |                  |          |                              |                                                  |        |                |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                              |                                                |                                 |                 |              |                            |                  |          | MALL EN                      | mmy                                              | OR     | OTHER<br>SMALL |                        |  |
| TOTAL CLAIMS                                                                                                |                                                |                                 | 20              |              | ,                          |                  | Г        | RATE                         | FEE                                              | 1      | RATE           | FEE                    |  |
| FOR                                                                                                         |                                                |                                 | NUMBER FILED    |              | KUMBER EXTRA               |                  | 8        | ASIC FEE                     | 355.00                                           | OR     | BASIC FEE      | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                                                     |                                                |                                 | 20 minus 20=    |              | •                          |                  |          | X\$ 9=                       |                                                  | OR     | X\$18=         |                        |  |
| INDEPENDENT CLAIMS                                                                                          |                                                |                                 | · y minus 3 •   |              | ,                          |                  | Γ        | X40=                         |                                                  | OR     | X80=           | 80                     |  |
| 됳                                                                                                           | LTIPLE CEPEN                                   | DENT CLAIM P                    | RESENT          | SENT         |                            |                  | T        | +136=                        |                                                  | OR     | +270=          |                        |  |
| * If the difference in column 1 is less than zero, enter *0" in column 2                                    |                                                |                                 |                 |              |                            |                  |          | TOTAL                        |                                                  | OR     | TOTAL          | 790                    |  |
| CLAIMS AS AMENDED - PART II                                                                                 |                                                |                                 |                 |              |                            |                  |          |                              |                                                  |        | OTHER          | THAN                   |  |
| _                                                                                                           | (Column 1) 5-3-05 (Column 2) (Column 3)        |                                 |                 |              |                            |                  |          | GMALL                        |                                                  | OR     | SMALL          |                        |  |
| MENDMENT A                                                                                                  |                                                | REMAINING<br>AFTER<br>AMENDMENT |                 | NUM<br>PREVI | BER                        | PRESENT<br>EXTRA | L        | RATE                         | ADDI-<br>TIONAL<br>FEE                           |        | RATE           | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                             | Total                                          | · B0                            | Minus           | -0           | 20                         |                  |          | X\$ 9=                       |                                                  | OR     | X\$18=         |                        |  |
| A RE                                                                                                        | Independent                                    | • 4                             | Minus           |              | 2 21 4114                  | است              | Γ        | X40=                         |                                                  | OR     | X80-           |                        |  |
| لــا                                                                                                        | FIRST PRESENTATION OF MURTIPLE DEPENDENT CLAIM |                                 |                 |              |                            |                  | ſ        | +135=                        |                                                  | OR     | +270s          |                        |  |
| •                                                                                                           |                                                |                                 |                 |              |                            |                  |          | TOTAL<br>DOTT, FEE           |                                                  | OR     | TOTAL          |                        |  |
|                                                                                                             | (Column 1) (Column 2) (Column 3)               |                                 |                 |              |                            |                  |          |                              |                                                  | ]      | ADDIT. FEE     |                        |  |
|                                                                                                             |                                                | REMAINING                       |                 | HG           | EST<br>BER<br>OUSLY<br>FOR |                  | Г        | RATE                         | ADDI-                                            | 1      | RATE           | ADDI-                  |  |
| E L                                                                                                         |                                                | AFTER<br>AMENDMENT              |                 | PREVI        |                            | PRESENT<br>EXTRA |          |                              | TIONAL                                           |        |                | TIONAL                 |  |
| AMENDMENT                                                                                                   | Total                                          | . 26                            | Minus           | -2           | 0                          | •                |          | X\$ 9=                       |                                                  | OR     | X\$18=         |                        |  |
|                                                                                                             | Independent                                    | · U                             | Minus ••• (     |              | CIADA []                   |                  | ŀΣ       | X40=                         |                                                  | OR     | X80=           |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                              |                                                |                                 |                 |              |                            |                  |          | +135=                        |                                                  | ОЯ     | +270=          |                        |  |
|                                                                                                             |                                                |                                 |                 |              |                            |                  |          | TOTAL<br>DOTT, FEE           | •                                                | OR     | ADDIT, FEE     |                        |  |
| 3/5/06(Cotumn 1) (Cotumn 2) (Cotumn 3)                                                                      |                                                |                                 |                 |              |                            |                  |          |                              |                                                  |        |                |                        |  |
| MC                                                                                                          |                                                | CLAMES<br>REMAINING<br>AFTER    |                 | NUA          | RESY<br>ABER<br>IOUSLY     | PRESENT<br>EXTRA |          | RATE                         | ADDI-<br>TIONAL                                  |        | RATE           | ADDI-<br>TIONAL        |  |
| AMENDMEN                                                                                                    | Total                                          | · / 9                           | Minus           | 99AIC        | 20                         | - /              | ╽┝       | X\$ 9a                       | FEE                                              | OR     | X\$18a         | FEE                    |  |
|                                                                                                             | Independent                                    | . 9                             | Minus           | •••          | P                          | - /              | -        | X40=                         |                                                  | ŧ      | X80=           |                        |  |
|                                                                                                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |                 |              |                            |                  |          |                              |                                                  | OR     | -              |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3.                       |                                                |                                 |                 |              |                            |                  |          | +135=                        | <del>                                     </del> | OR     | +270±          |                        |  |
| of If the Tighest Number Previously Pold For BY THES SPACE in test than 20, other 20. ADOIT, FEE ADOIT, FEE |                                                |                                 |                 |              |                            |                  |          |                              |                                                  |        |                | <b>L</b>               |  |
|                                                                                                             | The Wighest Nut                                | nber Previously Po              | dd For (Total o | r Indepen    | dent) is th                | e highest cumbe  | er COUIT | of in the es                 | proprieta bo                                     | n in a | aum 1,         |                        |  |